

Welcome!

It's Your Choice (IYC) 2016 Overview (Local Employers)



Please call:

Toll-Free 1-877-336-1829 Access Code 1543027#

Presentation will begin shortly...

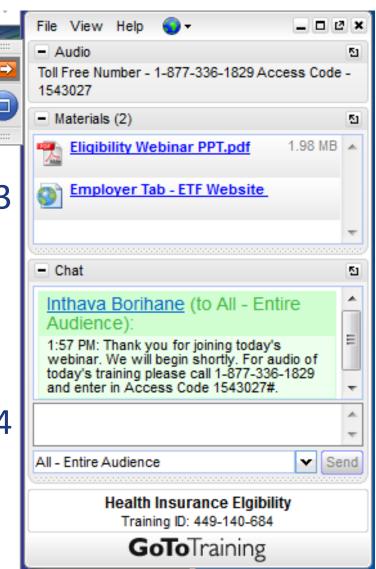


GoToTraining Attendee View

1. Panel Slider

(View > Auto-Hide Control Panel to stop it from automatically disappearing)

- 2. Full Screen
- 3. Materials
- 4. Chat Box





Asking Questions

- Chat Box
 - Always follow up if not answered
- Verbally
 - Q/A at the end of the presentation
- Employer Communication Center
 - Toll-Free: (877) 533-5020 opt 2
 - ETF Agent



STATE EMPLOYERS - IT'S YOUR CHOICE KICK-OFF

Alliant Energy Center Madison Wisconsin

Thursday, September 24, 2015 9:00 a.m. -12:00 p.m. AGENDA

REGISTRATION - 8:30-9:00

- ❖ Welcome
- IYC Changes Presentation Korbey White
- ❖ Navitus
- **❖** BREAK
- ❖ Delta Dental
- Total Administrative Services Corporation (TASC)
 - > Employer Contact Information
 - Inbox: StateofWi@tasconline.com
 - 2015 contact number: 1-800-422-4661
 - 2016 contact number: 1-844-786-3947 (only for State of Wisconsin inquiries)
- Question & Answer Period
- Closing



Objectives/Topics

- It's Your Choice (IYC) Open Enrollment
- 2016 Rates
- Dental Benefits
- Added Benefits
- Name Changes
- Overview of Changes
- Member Costs
- Opt-Out Incentive
- Eligibility Changes
- Resources
- Questions



Open Enrollment

October 5 - 30, 2015

The Group Insurance Board (GIB) approved several changes which affect the medical, pharmacy, and dental benefits for 2016. The changes involve increased cost sharing for members and other services.



2016 Rates

- You can find the 2016 premiums online at <u>http://etf.wi.gov/employers/2016WPEHealthloopers.pdf</u>
- Separate program options include dental.
- The 88% and 105% premium formula tables are located at the bottom of this page: http://etf.wi.gov/news/ht-2016local-rates emp.htm



Dental Benefits

- New Uniform Dental Benefits with Delta Dental.
- If the local employer chooses a program option that offers dental benefits, employees and annuitants may opt out for lower premiums.
- Electing family medical coverage with dental enrolls people in the family dental coverage, and likewise for single coverage.
- Employees should search <u>Delta Dental's website</u> to determine if their current providers are included in the coverage network.
- The Uniform Dental Benefits cover basic cleanings and x-rays, as in 2015.



Added Benefits

- Habilitative Services are now available. These help people gain and maintain a function they weren't born with, such as an older child learning how to speak or walk.
- Health plans must offer Advance Care
 Planning and/or Palliative Care Consultation.
 These services help people who are diagnosed with a serious illness.



Name Changes

Plan design names are changing

Program Option #	New Name	Previous Name		
PO2	IYC Local Traditional (with Dental Option)	Traditional HMO – Standard PPO		
PO4	IYC Local Deductible (with Dental Option)	Deductible HMO – Standard PPO		
PO6	IYC Local Health Plan (with Dental Option)	Coinsurance HMO – Standard PPO		
PO7	IYC Local HDHP (with Dental Option)	High Deductible Health Plan HMO – Standard PPO		
PO12	IYC Local Traditional			
PO14	IYC Local Deductible			
PO16	IYC Local Health Plan			
PO17	IYC Local HDHP			



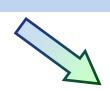
Overview of Changes

WPE Program Option	New Deductibles, Office Visit Copayments, and Out-of-Pocket Limits	Advance Care Planning and Habilitative Therapy	Prescription Drug Benefit Changes
IYC Local Traditional (PO2) (PO12 without dental)	No Changes	New options	New amounts
IYC Local Deductible (PO4) (PO14 without dental)	No Changes	New options	New amounts
IYC Local Health Plan (PO6) (PO16 without dental)	New member cost amounts	New options	New amounts
IYC Local HDHP (PO7) (PO17 without dental)	No change to deductibles and out-of-pocket limits. Office visit copayments apply after the deductible is met.	New options	New amounts



Member Medical Costs Overview

Person pays for medical costs until they reach their deductible.



Then, person pays
coinsurance amounts
while their insurance
covers the remainder

of medical care costs.

Insurance covers everything after the person reaches their **out-of-pocket limit** (OOPL).

Member costs are based on the employer's program option choice.

Copays are separate and apply to the OOPL



Member Medical Costs

- Deductible must be met
 - Deductible: the amount members must pay outof-pocket before the health plan begins to pay.

PO6 & 16	Single	Family
2016 Medical Deductible	\$250	\$500

Remember that certain preventive services, office visit copayments, and prescription drug costs are not applied to the deductible.



Member Costs

- Copayment for office visits
 - Copayment: a fixed amount members pay for health care visits.

PO6 & 16

Single and Family

Primary Care and Therapy Office Visits	\$15
Specialty Care and Urgent Care Visits	\$25

Emergency room visits still have a \$75 copay.



Member Costs

- Coinsurance for some prescription drugs
 - Coinsurance: a percent a member pays for a covered service or prescription
- Coinsurance also applies to medical services that are not subject to copayments.
- Coinsurance amounts are percentages, so they change based on the total cost of a drug or service.



Member Costs

These changes affect all local program options. Prescription drug costs are based on levels

Level 1	\$5 per fill		
Level 2	Member pays 20% (up to \$50 per fill)		
Level 3	Member pays 40% (up to \$150 per fill) Do not apply to OOPL		
Level 4	Preferred Specialty Pharmacy: \$50 per fill	Any Other Pharmacy: 40% (up to \$200 per fill)	

- A "fill" is a 30-day supply. A 90-day supply would require 3 copayment/coinsurance amounts.
- Log in to the members section of <u>navitus.com</u> to view the formulary and determine levels.



Member Medical Costs

- Out-of-Pocket Limits are increasing
 - Out-of-Pocket Limit: the maximum total amount members pay for covered services

	Single		Family	
PO6 & 16	2015 2016		2015	2016
Out-of-Pocket limits (OOPL)	\$500	\$1,250	\$1,000	\$2,500

To view other plans, visit **ETF's FAQ page**.



Member Costs Summary IYC Local Health Plan (PO6 & 16)

	Single		Family	
	2015 2016		2015	2016
Deductible	\$0	\$250	\$0	\$500
Out-of-Pocket Limit	\$500	\$1,250	\$1,000	\$2,500

	2015	2016
Primary Care Physician Office Visits	10% Coinsurance*	\$15 Copay
Specialist Office Visits	10% Coinsurance*	\$25 Copay

18

^{*}Program Option 6 and 16 still have coinsurance amounts, but they do not apply to these services.



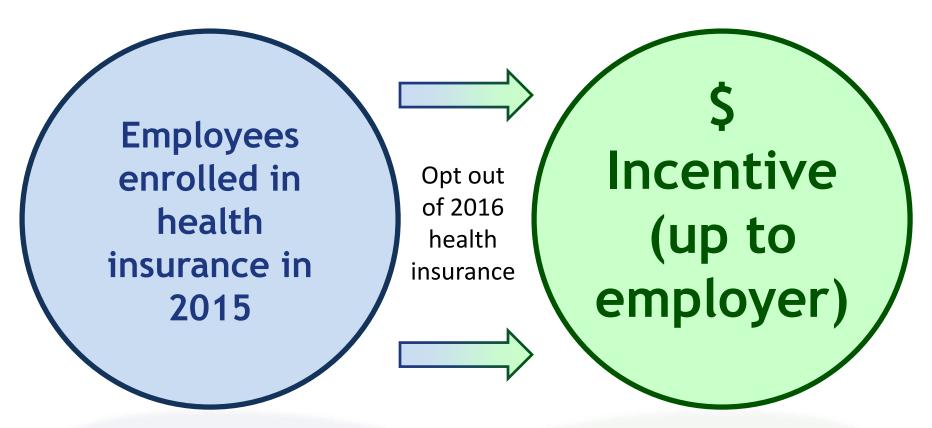
Member Costs Summary Other Plans

WPE Program Option	New Deductibles, Office Visit Copayments, and Out-of-Pocket Limits	Advance Care Planning and Habilitative Therapy	Prescription Drug Benefit Changes
IYC Local Traditional (PO2) (PO12 without dental)	No Changes	New options	New amounts
IYC Local Deductible (PO4) (PO14 without dental)	No Changes	New options	New amounts
IYC Local HDHP (PO7) (PO17 without dental)	No change to deductibles and out-of-pocket limits.	New options	New amounts

Office visit copayments apply after the deductible is met for PO7 and 17.



Opt-Out Incentive



Any incentive would be paid out by the employer rather than the state of Wisconsin.



Eligibility Changes: Health Insurance

Newly eligible employees

Application received within 30 days

Eligible for employer contribution the first of the month after the position change

Newly hired employees

Application received within 30 days

Insurance effective the first of the month after the hiring date



Eligibility Changes: Life Insurance

Spouse and Dependent coverage will have open enrollment due to:

- Establishing a Chapter 40
 Domestic Partnership
- Legal Guardianship

- Marriage
- Birth
- Adoption

When applying for Spouse and Dependent coverage through the Evidence of Insurability, evidence and documentation are no longer required for dependents.



Eligibility Changes: ICI

- After January 1, 2016, employees will be eligible to enroll in life and Income Continuation Insurance (ICI) coverage as of the 1st of the month following the hire date (or the hire date, if it is the 1st of the month).
- The application must be submitted within 30 days of hire.
- All applications received between July 1 and December 31, 2015 will be effective January 1, 2016.



Eligibility Changes: Health, Life, and ICI

- Coverage terminates at the end of the month the termination reason took place.
- This does not apply to cancellations of coverage by the employee.



Resources

- Group Health Insurance Program Changes for 2016 FAQ
 ETF page
- GIB Approves Health Insurance Benefit Changes for 2016 ETF page
- It's Your Choice 2016 Decision Guide for Employees
- It's Your Choice 2016 Decision Guide for Retirees
- Delta Dental's website
- WPE Health Plan Map
- <u>navitus.com</u> (log in to view formulary for drug levels)



Questions?

Please contact the Employer Communications
 Center toll free at: (877) 533-5020 opt 2.

 See the previous slide for a list of helpful resources.

 Contact Korbey White via email at Korbey.White@etf.wi.gov